

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS      | ID NO. | DATE     |
|---------------------------|---------------|--------|----------|
| FEE DETERMINATION         | BS            |        | 11-29-01 |
| O.I.P.E. CLASSIFIER       |               |        |          |
| FORMALITY REVIEW          | <del>BS</del> | 505    | 12-12-01 |
| RESPONSE FORMALITY REVIEW |               |        |          |
|                           |               |        |          |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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BS  
 12-13-01